

**Medicare Advantage Organization (MAO)**  
**Chronic Care Improvement Program (CCIP) Open Door Forum**  
**Frequently Asked Questions**  
**March 19, 2013**

**New CCIP Plan Submissions**

**Q:** When are SNPs and other MA plans that entered the Medicare Advantage program for the first time in contract year (CY) 2013 required to submit the Plan section of their CCIP?

*A: SNPs and other MA plans that are new to the MA program in CY 2013 are required to submit their “Plan” section of the CCIP Plan in the fall of 2013. For more information about those submissions, please see the April 12, 2013 HPMS memo, “Chronic Care Improvement Program and Quality Improvement Project Submission Information for New 2013 Plans.”*

**Feedback on CCIP Plan Submissions**

**Q:** Will the MAOs receive individualized feedback from CMS regarding their Plan submission(s)?

*A: CMS Regional Office Account Managers will discuss CCIP submissions with their accounts during regularly scheduled meetings and teleconferences. MAOs should be prepared to share their progress in operationalizing their Plans during these informal discussions. MAOs should identify strengths and weaknesses of their plans as they prepare their Annual Update. MAOs should refer to the CCIP ODF slides for promising approaches and strategies for improvement. MAOs may also submit individual questions to CMS at: [MAQuality@cms.hhs.gov](mailto:MAQuality@cms.hhs.gov).*

**Q:** If a CCIP has been approved by CMS, does it mean that the Plan submission is comprehensive and meets all of the required elements?

*A: CMS expects that this will be an ongoing, continuous quality improvement process that will require MAOs to revisit their Plan submissions as often as necessary to make sure that they are making a difference in the quality of care provided to the MAO beneficiaries. As stated above, if MAOs believe that their CCIP Plan submissions have areas of weaknesses, they should refer back to the CCIP ODF slides for promising approaches and strategies discussed during the presentation. MAOs are expected to maintain internal documentation of changes and describe changes to the Plan section in the Annual Update.*

**Baseline Measurement**

**Q:** What is the timeframe for the baseline year?

*A: CY 2013 is the baseline year for implementation. Data for measurement, however, can be from previous years.*

***For example:** If an MAO indicated that it would use HEDIS data to determine the level of improvement for its 2012 Plan, that MAO will most likely be using 2012 data for the first Annual Update in the fall of 2013, and 2013 HEDIS data for its 2014 Annual Update, etc. In this*

**Medicare Advantage Organization (MAO)**  
**Chronic Care Improvement Program (CCIP) Open Door Forum**  
**Frequently Asked Questions**  
**March 19, 2013**

*scenario, at the end of the five year CCIP cycle, this MAO would have reported HEDIS data for the 2012, 2013, 2014, 2015 and 2016 intervals.*

**CCIP Plan Revisions**

**Q:** If MAOs determine during the project that interventions are not working, can they revise them before the Annual Update is due?

*A: Yes. MAOs should continually assess their progress in relation to target goals and enhance or modify their original Plan as needed. MAOs should document any modifications to their CCIP Plan, including the reason for and timing of needed changes. MAOs should document any barriers or other relevant information. All of this information should be included in the Annual Update.*

**Q:** Can MAOs resubmit modified CCIP Plan sections to CMS?

*A: No, instead MAOs should document any modifications to their Plan sections and describe those modifications in their Annual Update.*

**Q:** How often can MAOs propose changes to their program Plan, interventions, etc.?

*A: MAOs should make changes to their CCIP Plan sections as needed. MAOs should describe these changes as part of the Annual Update.*

**Annual Update**

**Q:** When is the CCIP Annual Update due to CMS?

*A: The Annual Update is due fall 2013, and every fall thereafter until 2017. The exact due dates will be released later this year.*

**Q:** What is the expectation for the fall 2013 Annual Update?

*A: MAOs should provide any outcomes data available when the update is due. In addition, MAOs should share effective practices, lessons learned, barriers encountered, mitigation strategies and any modifications made to their interventions. CMS will be providing additional information and training about the Annual Update in the coming months.*

**Q:** For MAOs using HEDIS data as part of their evaluation methodology, how can they assess the effectiveness of their interventions for the first Annual Update? Can other data sources be used?

**Medicare Advantage Organization (MAO)**  
**Chronic Care Improvement Program (CCIP) Open Door Forum**  
**Frequently Asked Questions**  
**March 19, 2013**

*A: MAOs should provide any outcomes data available when the update is due. HEDIS data will be available in June of each reporting year. Therefore, MAOs may use that data for their Annual Update due that following fall.*

*MAOs may also use other data sources to evaluate the effectiveness of their interventions. However, CMS recommends MAOs use the same data source for their Annual Update so that the annual findings are comparable.*

**Q:** Will there be a template for the Annual Update that includes the Do/Study/Act components?

*A: Yes, there will be an Annual Update template in HPMS. Instructions for the Do/Study/Act components of the Annual Update will be forthcoming.*

**Numerator/Denominator**

**Q:** Can CMS provide clarification on what is required for the numerator and denominator, as it relates to the sample size in the study section of the Annual Update?

*A: The numerator is the number of plan members that met inclusion criteria **and** actually received program intervention(s). The denominator is the number of plan members that met inclusion criteria and were eligible to receive program interventions.*

***For example:** If a MAO has 100 enrollees that fit the criteria for participation, and 35 of those 100 enrollees participate in the CCIP, the numerator is 35, and the denominator is 100, which is equal to the total number that met the inclusion criteria.*

**Training and Resources**

**Q:** Are the slides from the CCIP ODF available?

*A: The slides, along with the audio recording are available for download at <http://vimeo.com/optimalsolutionsgroup/review/62559872/6afc616e0d>.*

**Q:** Will CMS provide any additional training related to the CCIP Annual Updates?

*A: Additional information and training will be provided to MAOs before the Annual Updates are due to CMS.*

**Q:** When will Chapter 5 of the Medicare Managed Care Manual be updated?

*A: CMS is in the process of revising Chapter 5, titled, "Quality Assessment." The updated chapter will be posted to the CMS website as soon as possible. In the meantime, MAOs should submit questions to the CMS quality mailbox at [MAQuality@cms.hhs.gov](mailto:MAQuality@cms.hhs.gov).*

**Medicare Advantage Organization (MAO)**  
**Chronic Care Improvement Program (CCIP) Open Door Forum**  
**Frequently Asked Questions**  
**March 19, 2013**

**Interventions**

**Q:** Does CMS expect MAOs to address all aspects of the Million Hearts Campaign, which includes appropriate use of aspirin, blood pressure, cholesterol and smoking cessation (ABCS)?

*A: No, this is not CMS' expectation. Rather, CMS expects that each of the plans will address aspects of the ABCS in some capacity and should be done in a manner that meets the needs of its enrollees and improves the quality of their health care.*

**Low Enrollments & Evaluating Outcomes**

**Q:** For MAOs and SNP plans that have low enrollment, does CMS have suggestions for evaluating the effectiveness of the CCIP?

*A: Small MAOs and/or SNPs may want to consider using internal data sources for measuring the effectiveness of their interventions.*

**Q:** HEDIS represents only a few outcome measures. What other reliable measures are being considered to guide outcome measures?

*A: Until there are more valid outcomes measures at a national level, it is up to the MAOs to determine what they will use to base their outcome measures on.*

**Miscellaneous**

**Q:** Where are the regulatory requirements for CCIPs found?

*A: The regulations can be found at 42 CFR 422.152(c).*

**Q:** If a MAO has more than one Medicare contract, can it analyze the data at a plan level rather than the contract level?

*A: CMS requires that each MAO submit its outcomes data at the contract level. However, if MAOs are conducting the same CCIP at the plan level, they may use plan level data to evaluate their performance internally and determine if their efforts can be expanded to a broader level.*

**Q:** Has any consideration been given to “rolling up” multiple SNP CCIPs into one for those MAOs with multiple SNPs plans?

*A: No, each SNP is defined based on specific eligibility criteria. CMS expects to see differences in those specific target populations' healthcare needs, as well as differences in the types of interventions that are conducted. Therefore, the Annual Update information and data that is submitted each year should contain variations across multiple SNP plans.*